



South Dakota Board of Nursing
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
(605) 362-2760 ♦ Fax: 362-2768 ♦ www.state.sd.us/doh/nursing

Application for Initial Dialysis Technician Registration

If any of the information is incorrect, incomplete or illegible, processing may be delayed. An applicant will be notified if additional information is required or that your application has been approved. **Mail, fax, or email this completed application to the address or fax number listed above; or email to Winora.Robles@state.sd.us.**

Please Print

Name: First _____ Middle _____ Last _____

Other names previously used: _____

Mailing Address: _____ City _____ State _____ Zip _____
Street/PO Box

Telephone: Home: () _____ Cell: () _____ Other: () _____

Email: _____ **Date of Birth:** _____

Social Security #: _____ **Gender:** ☐ Male ☐ Female

Ethnicity: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other

1. Provide high school education information (or Equivalency information).

| Name of High School (or Equivalent): | Location of School (City, State): | Year Diploma Received (or Equivalency): |
|--------------------------------------|-----------------------------------|---|
| | | |

2. Provide dialysis technician training validation.

| Name of Dialysis Technician Training Program: | Location of Training (City, State): | Year Training Completed: |
|---|-------------------------------------|--------------------------|
| | | |

- Provide a copy of training certificate (if available)

3. Provide certification information. Verification of having passed an approved dialysis technician certification exam and maintaining active certification is required. Provide your certification information below.

| I hold current certification as a dialysis technician with: | Certification Number: | Expiration Date: |
|--|-----------------------|------------------|
| <input type="checkbox"/> Certified Clinical Hemodialysis Technician (CCHT) (through Nephrology Nursing Certification Commission (NNCC)) | | |
| <input type="checkbox"/> Board of Nephrology Examiners for Nursing and Technology (BONENT) | | |
| <input type="checkbox"/> National Nephrology Certification Organization (NNCO). | | |

- Provide a copy of certification information/card with this application

4. Do you currently owe child support arrearages in the sum of \$1,000 or more? ☐ YES ☐ NO

I, the undersigned, declare and affirm under the penalties of perjury that this application for registration in the state of South Dakota has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Dialysis Technician Applicant Signature

Date